

Registration Forms

Germantown Central School District
123 Main Street
Germantown, NY 12526
518-537-6281 EXT. 2324



Dear Families,

Welcome to the Germantown Central School District. Please fill out the registration forms entirely and provide the documents outlined below. When all forms have been submitted we will begin the registration process.

Please complete the following Mandatory Forms for registration:

Form 1: Student Registration

- Please provide child's birth certificate
- Proof of residency, one of the following
 - a) Current Tax Bill
 - b) Current Utility Bill (Must be dated within 30 days)
 - c) Lease Agreement
- Photo ID of both guardians/parents
- Proof of custody/guardianship (any court documents regarding custody, guardianship, adoption, foster placement)

Form 2: Records Request Form

Form 3: Student Racial and Ethnic Identification

Form 4: Residency Questionnaire

Form 5: Home Language Questionnaire

Form 6: Permission Form and Student User Agreement

Form 7: Emergency Information Record

Form 8: Pre-Kindergarten/Kindergarten Data Form

Form 9: Transportation Request Form

Form: Health Appraisal Forms

- Include immunization records from your child's doctor

If you have any questions or concerns, please call the District Office at 518-537-6281 Ext. 2324

Sincerely,
Germantown Central School



Date of Registration _____

Welcome to the Germantown Central School District. The information on this form is required for the school district to register your child. Please fill out the form completely and accurately. Evidence of your child's date of birth and proof of residency in the district are required before we can register your child. Please print clearly in ink.

Student's Legal Name: _____
(Last) (First) (Middle) (Nickname)

Residence Address: _____
(Street) (City) (State) (Zip Code)

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: _____ Alternate Phone: _____ Student's Gender: Male/Female

Student's DOB: ___/___/___ Current Grade Level _____

Name & Address of Previous School Attended: _____

Has student attended GCS before? _____ If yes, what grade(s): _____

Student's Legal Guardian(s)
Name: (Last, First & Relationship) Lives with student?

Yes/No Married Divorced Separated Single

Yes/No Married Divorced Separated Single

Parent/Guardian email address(es): _____

Parent/Guardian Address: _____

Other children living in the home:
Name: (Last, First) Relationship to student Date of birth

Has the student ever been classified through a committee on Special Education or identified as 504? Yes/No

Is English the primary language spoken at home? Yes/No If no, what is the language spoken at home?

I hereby certify that all statements made on this registration form are true and correct to the best of my knowledge.

Signature of person registering student
Relationship to student: _____

Date



Germantown Central School District

123 Main Street
Germantown, NY 12526
Phone: 518-537-6281
Fax: 518-537-6893

AUTHORIZATION TO RELEASE STUDENT RECORDS

PLEASE PRINT CLEARLY

Student's Name: _____

Date of Birth: _____

Previous School: _____ Phone Number: _____

I, _____ parent/guardian of the above named student authorize student records to be released to the Germantown Central School District.

This request and authorization applies to:

- Academic Records
- Attendance Records
- Health/Immunization Records
- Standardized Test Scores
- Current IEP and recent evaluations (if applicable)
- If there is an IEP or 504 transfer IEP New York (Frontline) to Germantown Central School

Parent/Guardian Signature: _____ Date: _____

Start date at Germantown Central School: _____



**Germantown Central School
STUDENT RACIAL AND ETHNIC IDENTIFICATION**

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition or immigration status.

Name of School: Germantown Central School

School District Student Identification Number:

Date of Birth (Month/Day/Year):

Student Name: Last, First, Middle:

Grade Level:

DIRECTIONS TO PARENT/GUARDIAN

Please answer questions 1 and 2. Please read them before you respond.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. (Please check only one box for question 1)

- Yes, Hispanic
- No, Not Hispanic

2. Select one or more races from the following five racial groups (Please check all groups that apply to your child, check at least on box:

- AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.
- ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands
- BLACK: A person having origins in any of the black racial groups of Africa
- WHITE: A person having origins in any of the original peoples of Europe, North Africa or the Middle East

Signature of Parent/Guardian/Other

Date

Relationship to student (please check one box below):

- Mother Father Guardian Other (Specify) _____

The information which you have provided on this form is protected by The Family Educational Rights and Privacy Act (1974) prohibits unauthorized release of any student record information identifiable by either student name or student identification number.



GERMANTOWN CENTRAL SCHOOL - RESIDENCY QUESTIONNAIRE

Name of LEA: Germantown Central School

Name of School: _____

Name of Student: _____
(Last) (First) (Middle)

Date of Birth: ___/___/___ Grade: ___ ID# ___ Gender: Male/Female
Month Day Year Preschool - 12 Optional

Current Address: _____

Previous Address: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Print name of Parent/Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian or Student (for unaccompanied homeless youth)

Date



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lisette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <i>specify</i>	<input type="checkbox"/> Father _____ <i>specify</i>
	<input type="checkbox"/> Guardian(s) _____ <i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School _____ Address _____	

Educational History	
8. Indicate the total number of years that your child has been enrolled in school _____	
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____ How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes - Type of services received: _____	
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____	
12. In what language(s) would you like to receive information from the school? _____	

Month: _____ Day: _____ Year: _____
Date

Signature of Parent or of Person in Parental Relation _____

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ MO DAY YR.	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ MO DAY YR.	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	



Germantown Central School District

Student Acceptable Use of Technology Policy Regulations and User Agreement

Germantown Central School (GCS) is pleased to offer 21st century technology to its staff, faculty and students and recognizes that technology in school gives students greater opportunities to learn, engage, communicate, and develop skills that will prepare them for work and life.

This Acceptable Use Policy defines the guidelines and behaviors that students are expected to follow when using school technology resources. The use of technology exacts certain responsibilities on the parts of educators, parents and students and is provided as a privilege, not a right. This form is a promise that the responsibilities inherent to technology use will be respected.

Technologies Covered

GCS may provide Internet access, desktop computers, mobile computers or devices, videoconferencing capabilities, online collaboration capabilities, message boards, email, and more. As new technologies emerge, GCS will attempt to provide access to them. The policies outlined in this document are intended to cover all available technologies, not just those specifically listed.

Usage Policies

All technologies provided by the district are intended for education purposes. All students are expected to use good judgment and to follow the specifics of this document as well as the spirit of it: be respectful, responsible, safe, and ready to learn; don't try to get around technological protection measures; use good common sense; and ask if you don't know.

Web Access

GCS provides its students with access to the Internet, including web sites, resources, content, and online tools. That access will be restricted in compliance with Child Internet Protection Act (CIPA) regulations and school policies. Web browsing may be monitored and web activity records may be retained indefinitely.

Uses are expected to respect that the web filter is a safety precaution, and should not try to circumvent it when browsing the Web. If a site is blocked and a user believes it shouldn't be, the user should follow district protocol to alert an IT staff member or submit the site for review.

Digital Citizenship

Students should always use the Internet, network resources, and online sites in a courteous and respectful manner. Students should never share personal information, including phone number, address, social security number, birthday, or financial information, over the Internet without adult permission. Students should also remember not to post anything online that they wouldn't want parents, teachers, or future colleges or employers to see. Once something is online, it's out there – and can sometimes be shared and spread in ways you never intended.

Email

GCS may provide students with email accounts for the purpose of school-related communication. Availability and use may be restricted based on school policies. If students are provided with email accounts, they should be used with care. Users should not send personal information; should not attempt to open files or follow links from unknown or untrusted origin; should use appropriate language; and should only communicate with other people as allowed by the district policy or the teacher. Students are expected to communicate with the same appropriate, safe, mindful, courteous conduct online as offline. Email usage may be monitored and archived.



Germantown Central School District

Examples of Acceptable Use

I will:

- Use school technologies for school-related activities.
- Keep my personal log in/password to myself.
- Follow the same guidelines for respectful, responsible behavior online that I am expected to follow offline.
- Treat school resources carefully, and alert staff if there is any problem with their operation.
- Encourage positive, constructive discussion if allowed to use communicative or collaborative technologies.
- Alert a teacher or other staff member if I see threatening, inappropriate, or harmful content (images, messages, posts) online.
- Use school technologies at appropriate times, in approved places, for educational pursuits.
- Cite sources when using online sites and resources for research.
- Recognize that use of school technologies is a privilege and treat it as such.
- Be cautious to protect the safety of myself and others.
- Help to protect the security of school resources.

This is not intended to be an exhaustive list. If you are unsure whether or not a particular action is acceptable, please bring it to the attention of an adult

Examples of Unacceptable Use

I will not:

- Use school technologies in a way that could be personally or physically harmful.
- Share my personal log in/password with others.
- Attempt to find inappropriate images or content.
- Engage in cyber bullying, harassment, or disrespectful conduct toward others.
- Try to find ways to circumvent the school's safety measures and filtering tools.
- Use school technologies to send spam or chain mail.
- Plagiarize content I find online.
- Post personally-identifying information, about myself or others.
- Agree to meet someone I meet online in real life.
- Use language online that would be unacceptable in the classroom.
- Use school technologies for illegal activities or to pursue information on such activities.
- Attempt to hack or access sites, servers, or content that isn't intended for my use.
- Create, share, distribute or sell sexually explicit or other inappropriate materials.

This is not intended to be an exhaustive list. If you are unsure whether or not a particular action is acceptable, please bring it to the attention of an adult

Violations of this Acceptable Use Policy

Violations of any of these rules may result in loss of technology use privileges, a failing grade, suspension, expulsion, and/or legal action.

Limitation of Liability

Germantown Central Schools does not guarantee that the services provided through our network and computers will be free of defects. The District is not responsible for any damage a student may suffer through loss of service or data. GCS is not responsible for the veracity or accuracy of the information obtained through the use of its network and computers.

By signing the attached page, Germantown Central School, its employees and/or any affiliated institutions will be released from any and all claims of any nature that may result from a student's use of, or inability to use, our computers and network, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

**Germantown Central School
Emergency Information Record**



Teacher: _____ Bus Route AM _____ Bus Route PM _____ Grade _____

_____	_____	_____	_____	_____
Students Last Name	First	Middle	Home Phone	Date of Birth
_____	_____	_____	_____	_____
Mailing Address	(Street)	(City)	(State)	(Zip Code)
_____	_____	_____	_____	_____
Physical Address	(Street)	(City)	(State)	(Zip Code)
_____	_____	_____	_____	_____

_____	Resides With:
Mother/Guardian's Name	Mother: _____
_____	Father: _____
Mother's Business Phone	Both: _____
Mother's Cell Phone	Other: _____
_____	_____
Father/Guardian's Name	_____
_____	_____
Father's Business Phone	_____
Father's Cell Phone	_____

In case of emergency and parent is not available, contact:

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

The emergency contacts have permission to pick up child if parent is not available and child needs to be picked up.

Parent Signature: _____ Date: _____

Please List Other School Age Children Living In The Home:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Circle the hospital your child should be taken to if you cannot be reached

Northern Dutchess Hospital Columbia Memorial Hospital

Allergies and other medical conditions: (please explain checked items below or, if necessary, use the other side of this form.)

Allergies _____ Asthma _____ Diabetes _____ Other _____

Epilepsy _____ Heart Problems _____ Recurring Illness _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to take whatever actions seem necessary.

Parent Signature: _____ Date: _____



PRE-KINDERGARTEN/KINDERGARTEN DATA FORM

Child's Name: _____
(Last) (First) (Middle)

Birthday: _____
Month/Day/Year

DEVELOPMENTAL HISTORY:

Does child dress him/herself? _____

Can child zip up jackets? _____

Can child tie shoes? _____

Is child toilet trained? _____

Does child regularly play with other children? _____

Does child appear to prefer joining group activities or playing on his/her own? _____

Does child exhibit any ongoing behavioral difficulties? _____

Does child have any fears? _____

Does child have any special interests? _____

Has your child experienced any traumatic events; such as death/divorce in family, serious illness, an accident to a family member or the child, etc.? Please explain: _____

Do you have any concerns about your child entering Kindergarten/Pre-Kindergarten? _____

Is there anything more you feel the school should know about your child that is not included on this form that may affect your child's progress in school? _____

Thank you for your cooperation in completing this form.

GERMANTOWN CENTRAL SCHOOL
123 Main Street
Germantown, New York 12526
518-537-6281



**TRANSPORTATION REQUEST
2019-2020**

Student's Name: _____ Grade: _____

Student's Address: _____
(Street) (City) (State) (Zip Code)

Mailing Address (if different): _____
(Street) (City) (State) (Zip Code)

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (other than parent): _____

Emergency Contact Phone Number: _____

Pick up location in A.M. _____ Home Circle Days: M T W T F; ALL
_____ Child Care Provider Circle Days: M T W T F; ALL

Drop off location in P.M. _____ Home Circle Days: M T W T F; ALL
_____ Child Care Provider Circle Days: M T W T F; ALL

Name of Child Care Provider: _____ Phone Number: _____

Address of Child Care Provider: _____

_____ NO TRANSPORTATION NEEDED

Parent's Signature

Date

For Office Use Only:

To School Route: _____ From School Route: _____